SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER 2nd AMENDMENT DEP. IND. DEP. DEP. IND. DEP. DEP. IND. DEP. IND :0 !3 **J**0 <u> 21</u> **J**6 الق 55 56 75 42 <u>43</u> IND. TOTAL CLAIM MAY SO LUED FOR ADDITIONAL GLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE

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